MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05183

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 3Yrs.8mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: W. Va. COUNTY: Kanawha
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charleston
STREET ADDRESS (If rural, give location): Sumner & Washington

3. NAME OF DECEASED: (Type or Print) (First) VINCENT (Middle) JAMES (Last) BELLER

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-18-1887

9. AGE Last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Charleston, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew F. Beller

14. MOTHER'S MAIDEN NAME: Ellen Mannings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Terminal Bronchial Pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO: Senility, Psychotic Reaction, paranoid	3 yr.10 mo.
	(c) DUE TO: Arthritis, Rheumatoid, generalized, severe	Unknown

722.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 1948, to 5-29, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon, M.D. (DEGREE OR TITLE) ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 6-2-52

23. BURIAL, CREMATION REMOVAL (Specify): removal — DATE THEREOF: 5-31-52 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Charleston, W. Va.

DATE REC'D BY LOCAL REG.: June 2 1952 — REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg. — 24. FUNERAL DIRECTOR ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUN 24 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05184

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Childs
LENGTH OF STAY (in this place): 2 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Childs
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) HENRY (Last) BIGGAR.

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952

5. SEX: M. | 6. COLOR OR RACE: Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Feb 4, 1876 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: Self. Owned
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Biggar
14. MOTHER'S MAIDEN NAME: Louisa Ann Reo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Mrs. Sally Biggar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1 day

4427 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1, 1952 to May 22, 1952 that I last saw the deceased alive on May 22, 1952 and that death occurred at 930 P m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (Degree or title) M. D. ADDRESS: Elkton Md DATE SIGNED: 5/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: May 24/52
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Manchester Md.

DATE REC'D BY LOCAL REG.: May 24
REGISTRAR'S SIGNATURE: H R Frazer

24. FUNERAL DIRECTOR: H W Tippin & Son ADDRESS: Elkton, Md

VS. A15

RECEIVED
MAY 26 1952
BUREAU V. S.

#951
1864
87

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05185

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Augustine

STREET ADDRESS (If rural, give location) R. D.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Franklin (Last) Bostic

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 12, 1864

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor

11. BIRTHPLACE (State or foreign country): St Augustine, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Bostic

14. MOTHER'S MAIDEN NAME: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Helen Benson 430 McCauley St Wilmington, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute & Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years.

DUE TO

431X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1942, to May 30, 1952, that I last saw the deceased alive on May 30, 1952, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE Henry Davis MD (DEGREE OR TITLE) ADDRESS Chesapeake City DATE SIGNED Mch 5/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 3/52

NAME OF CEMETERY OR CREMATORY Manor

LOCATION (City, town, or county) (State) Near Ches City Md

DATE REC'D BY LOCAL REG. June 2

REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 II-51

RECEIVED
JUN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05186

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 42 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1517 Church Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Preston (Middle) D. (Last) BOWLES

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 16, 1924

9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Preston Bowles

14. MOTHER'S MAIDEN NAME: Hattie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY No.: 229 18 5668

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Oedema Acute	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Pneumonia, Bilateral	Unknown
581.0	(c) Fatty Degeneration of the Liver	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R. C. Dodson M.D. D.M.E. — ADDRESS: R.C. DODSON, M.D., D.M.E., Rising Sun, Md. — DATE SIGNED: May 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county) (State): Ft. Myer, Va.

DATE REC'D BY LOCAL REG.: May 31 1952 | REGISTRAR'S SIGNATURE: Ida M. Dougherty Asst Reg. | FUNERAL DIRECTOR: W. Ernest Jarvis Co. | ADDRESS: W. Ernest Jarvis Co., 1432 U Street, N.W. Washington, D.C.

RECEIVED
JUN 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #5187

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) (Last) Breza

4. DATE OF DEATH: (Month) May (Day) 10, (Year) 1952

5. SEX: M
6. COLOR OR RACE: Wk.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept. 29, 1872
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired.
11. BIRTHPLACE (State or foreign country): Austria Hungry
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: No Information
14. MOTHER'S MAIDEN NAME: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Paul Breza Chesapeake City R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 month

151X

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Inanition

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951 to May 10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 4.00 p.m., from the causes and on the date stated above.

SIGNATURE Henry Dorn (DEGREE OR TITLE) M.D. ADDRESS Chesapeake City Md DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 13, 1952
NAME OF CEMETERY OR CREMATORY St. Rose Cemetery
LOCATION (City, town, or county) Chesapeake City (State) Md.

DATE REC'D BY LOCAL REG. May 12 1952
REGISTRAR'S SIGNATURE Mrs. Ralph H. Bell
24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

YS. A15 8-51

RECEIVED
MAY 14 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point
LENGTH OF STAY (in this place): 6mo.15days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1719 Bay St., S.E.

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) T. (Last) CARPENTER

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-14-1891

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months; IF UNDER 24 HRS.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Car Opr. (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Capitol Transit Co. Wash. D.C.

11. BIRTHPLACE (State or foreign country): Newland, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Carpenter - Deceased

14. MOTHER'S MAIDEN NAME: Martha Oliff - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebrovascular accident	2 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Aneurysm abdominal aorta	Approx. 2 years
	DUE TO (c) Arteriosclerosis, generalized	Unknown

4517

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive Psychosis, Depressed — 1 year

19a. DATE OF OPERATION: 11-21-51

19b. MAJOR FINDINGS OF OPERATION: Wrapping of aneurysm, abdominal aorta with reactive polyethylene -Dupont.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 19 51, to 5-2, 19 52, ~~that I last saw the deceased alive on ..., 19XX~~, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 5-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 5-2-52
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. May 2, 1952
REGISTRAR'S SIGNATURE: Ida M. Daugherty Act Reg.

24. FUNERAL DIRECTOR ADDRESS
By Arthur Nugent NW, Wash. DC
S.H. HINES CO. FUNERAL HOME, 2901-07-14th St.

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

89

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, Rural
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) David (Last) Cullen
4. DATE OF DEATH (Month) 5 (Day) 30 (Year) 1952
5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-2-1889
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer tenant
10b. KIND OF BUSINESS OR INDUSTRY Farm work
11. BIRTHPLACE (State or foreign country) Woodlawn, Cecil. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Sentman Cullen
14. MOTHER'S MAIDEN NAME Annie Jane Tyson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS David Cullen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Atrophy of body, pernicious vomiting.

912.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of right femur 12-1-1950. also right shoulder.

(1) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm
(CITY OR TOWN) Rising Sun, R.D. (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 1 (Year) 1950 (Hour) 1 P.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Caught in take shaft of Corn Picker

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dockson M.D. D.M.E. (Degree or title) ADDRESS Rising Sun, Md. DATE SIGNED 5-31-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 2 1952
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) Colora Cecil (State) Md.

DATE REC'D BY LOCAL REG. May 31-1-2
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AMA

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RECEIVED
JUN 3. 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (In this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 188 E. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md
STREET ADDRESS (If rural give location) 188 East Main St

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) E (Last) DAVIS
4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1952
5. SEX F. 6. COLOR OR RACE Wh. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W 8. DATE OF BIRTH Oct 7 1868 9. AGE last birthday 84 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cecil County, Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm J. Davis. 14. MOTHER'S MAIDEN NAME Duella Renshaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Lottie Davis Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac dilatation — 10 min.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to May 4, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 2:40 A. m., from the causes and on the date stated above.

SIGNATURE J. Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 5/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. DATE THEREOF May 6/52 NAME OF CEMETERY OR CREMATORY Elkton LOCATION (City, town, or county) Elkton. (State) Md

DATE REC'D BY LOCAL REG. May 6 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Tippett Son ADDRESS Elkton, Md

RECEIVED
MAY 7 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05191 06

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point
LENGTH OF STAY (in this place): 6yrs.8mo.2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3800 - 14th Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) (Last) DILLON

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-15-1891

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Finance Office

10b. KIND OF BUSINESS OR INDUSTRY: Government - Wash.D.C.

11. BIRTHPLACE (State or foreign country): Framingham, Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Dillon

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) 6-9-15 - 8-16-19

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Aneurysm, aorta, dissecting	1 day
451X	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerosis, generalized	Unknown
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, bronchial, bilateral — 2 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9-5, 1945, to 5-7, 1952, ~~[illegible]~~ and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (DEGREE OR TITLE) ADDRESS: E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 5-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 5-8-52 — NAME OF CEMETERY OR CREMATORY: Washington National — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: May 9 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act. — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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BUREAU W. &S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05192 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CECIL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: VAH., PERRY POINT

LENGTH OF STAY (in this place): 6yrs7mos12days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE

STREET ADDRESS (If rural, give location): 614 Milford Mill Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
ROLAND FREDERICK CHARLES ECKHARDT	May 3 1952	Male	White	Married	8-13-1889	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Street Car Operator		MARYLAND	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Louis Charles Eckhardt	Charlotte Klingmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW-I	21370-1506 ~~Unknown~~	Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, lobar	5 Days
490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized. Arteriosclerosis cerebral with psychosis. Approx. 6 y

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug. 21, 1945, to May 3, 1952, that I last saw the deceased alive on [illegible], and that death occurred at 8:10 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) Ward Physician, VA Hospital, Perry Point, Md. ADDRESS — DATE SIGNED: 5-3-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-3-52	Woodlawn Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 3, 1952	Ida M. Daugherty	Frank H. Newell	F.H.Newell Funeral Home, Reisterstown Rd., Pikesville, Md.

RECEIVED
MAY 6 19
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. NAME OF DECEASED (Type or Print): WHAYLAND C ELLIS

2. DATE OF DEATH: May 15, 1952

3. PLACE OF DEATH:
A. ~~Baltimore City,~~ Maryland Cecil Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C & D Canal
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waddington
D. STREET ADDRESS (If rural, give location): James St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 28, 1924
9. AGE (In years last birthday): 27 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Marine Tanker
11. BIRTHPLACE (State or foreign country): Waddington N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Carl Ellis
14. MOTHER'S MAIDEN NAME: Grace Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Carl Ellis — ADDRESS: Waddington N.Y.

MEDICAL CITION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Presumably drowned

DUE TO

851X ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Canal
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): C & D Canal
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 15, 1952 m.
21E. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Presumably drowned in collision followed by fire in Tanker Hayes

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William V Lovett M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Sept. 24, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24B. DATE: 9/29/52
24C. NAME OF CEMETERY OR CREMATORY: Brookside Cem.
24D. LOCATION (City, town, or county) (State): Waddington N.Y.

DATE RECEIVED BY LOCAL REGISTRAR: [illegible]
REGISTRAR'S SIGNATURE: Ralph H. Rees
25. FUNERAL DIRECTOR: Geo. L. Beyer Jr — ADDRESS: 1512 Hollins St

RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNINK. Every item of information should be carefully supplied. The correct age is especially important. Please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96 55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A. (Last) Forman

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-15-1894

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer -

10b. KIND OF BUSINESS OR INDUSTRY: Refrigeration - Edgewood Arsenal

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Retired John Forman - Deceased

14. MOTHER'S MAIDEN NAME: Martha (unknown) - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-26-3038

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Generalized and coronary arteriosclerosis — Interval Between Onset and Death: Unknown

DUE TO

Antecedent cause(s) 422.1
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Myocardial infarctions multiple — 2 weeks

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 4-30, 1952, to 5-28, 1952, [redacted], and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

E. F. BRANNON, M.D. Chief Professional Services, VAH, Perry Point, Md. 5-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 5-28-52

NAME OF CEMETERY OR CREMATORY: Specutia

LOCATION (City, town, or county) (State): Perryman, Md.

DATE REC'D BY LOCAL REG.: May 28 1952

REGISTRAR'S SIGNATURE: Ida M. Daugherty Act Reg

24. FUNERAL DIRECTOR: John G. Tarring Aberdeen Md

ADDRESS: JOHN G. TARRING FUNERAL DIRECTOR, Aberdeen, Md.

RECEIVED
JUN 2 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

94

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
LENGTH OF STAY (In this place): 79 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
STREET ADDRESS (If rural, give location): 55 S. Main st.

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) (Last) Founds

4. DATE OF DEATH: (Month) 5-28- (Day) (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-14-1873

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George J. Founds

14. MOTHER'S MAIDEN NAME: Emily A. Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: George J. Founds Jr, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 9 yrs

4222

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 20, 1952, to May 28, 1952, that I last saw the deceased alive on May 28, 1952 and that death occurred at 12 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clarence Benson M.D. Port Deposit, Md. May 30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-31-1952 — NAME OF CEMETERY OR CREMATORY: Hopewell — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: May 31 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR — ADDRESS: Lee A. Patterson & Son. Perryville, Md.

RECEIVED
JUN. 3, 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton — LENGTH OF STAY (in this place): [illegible]	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) ARTHUR	(Middle) EDWARD	(Last) FOX	4. DATE OF DEATH	(Month) May (Day) 2 (Year) 1952
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Feb 3 - 1911	9. AGE last birthday: 41 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Raymond Fox	14. MOTHER'S MAIDEN NAME: Elma Tuzud				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Mrs Elma Fox Elkton Md R D 4			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac dilatation	10 minutes
002X Antecedent cause(s)	(b) Pulmonary tuberculosis	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to May 2, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 11 10 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J Herbert Bates	M. D.	Elkton Md.	May 3-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: May 5	NAME OF CEMETERY OR CREMATORY: White Clay Creek	LOCATION (City, town, or county) (State): Newark Del R D.
DATE REC'D BY LOCAL REG.: May 4	REGISTRAR'S SIGNATURE: F R Frazer	24. FUNERAL DIRECTOR: R. V. Jones Newark Del	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age [illegible]pecially important. Physicians: please write the causes of death clearly and legibly.

VS A1

RECEIVED
MAY 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

96

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East | LENGTH OF STAY (In this place) adage.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) RACHEL (Middle) ANN (Last) HUSFELT
4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1952.
5. SEX: F. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 1879 9. AGE: Last birthday 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): North East Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Amos Collings.
14. MOTHER'S MAIDEN NAME: Mary Merry.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Amos Husfelt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

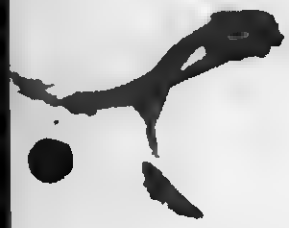
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R L Dodson MD DM E Rising Sun Md. 5-5-52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 7-1952 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) (State) North East Cecil Co Md

DATE REC'D BY LOCAL REG. 5-7-52 | REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR ADDRESS Joseph R. Leary North East Md

VS. A15A



RECEIVED
MAY 12 1952
BUREAU V. S.

5197

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
STREET ADDRESS (If rural, give location) Frenchtown Road

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Eugene (Last) Jackson
4. DATE OF DEATH (Month) (Day) (Year) 5-2-1952 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-3-1951
9. AGE last birthday yrs. If under 1 year Months 8 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Dickson
14. MOTHER'S MAIDEN NAME Blanche O. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Blanche Jachson Woodrow, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Gastro-Enteritis — INTERVAL BETWEEN ONSET AND DEATH 5 days

571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30 1952 to May 1, 1952 that I last saw the deceased alive on May 1, 1952, and that death occurred at 6 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clarence F. Benson, M.D. Port Deposit, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-5-1952
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. May 3 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty
24. FUNERAL DIRECTOR ADDRESS Lee A. Patterson & Son, Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

Johnson

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkton

LENGTH OF STAY (in this place) 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
CHARLES JOHNSON	5 - 26 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	COLORED	SINGLE	Sept 19 - 1888	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
Laborer	General Work	Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
—	Cornelius Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
No	none	Hospital Records Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic cardiovascular renal disease	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 15 19 52 to May 26, 19 52 that I last saw the deceased alive on May 25 19 52, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

L. Ridgely Anderson Jr. M.D. Elkton Md 5/26/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-28-52	Baptist	North East Cecil Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 27	F K Frazer	Joseph R. Grant	Northeast Md

RECEIVED
MAY 29 1952
BUREAU V. S.

199

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 72

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills. LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) LAWRENCE (Last) Sr.
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1952
5. SEX M.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH 2/13/1873
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sexton
10b. KIND OF BUSINESS OR INDUSTRY Furniture Covering
11. BIRTHPLACE (State or foreign country) Phila, Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alfred Lawrence
14. MOTHER'S MAIDEN NAME Willmine Meeker.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Bertha M. Lawrence, Elk Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 months

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1952, to May 14, 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 11:00 p m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Jr. (Degree or title) M.D. ADDRESS Elkton, Md DATE SIGNED 5/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF May 7/52 NAME OF CEMETERY OR CREMATORY Gilpin Manor LOCATION (City, town, or county) Elkton, Md (State)
DATE REC'D BY LOCAL REG. May 17 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '00

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ALICE (Last) MACKINSON

4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 11-13-1886
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GUY B MACKINSON
14. MOTHER'S MAIDEN NAME: JENNIE HAHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mrs Cread F. Hyatt Glen Mills, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Metastatic Sarcoma left lung	2 mo (?)
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Sarcoma of rt. breast	3 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1950
19b. MAJOR FINDINGS OF OPERATION: Radical Mastectomy for Sarcoma rt. breast
20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 May, 1952, to 17 May, 1952, that I last saw the deceased alive on 17 May, 1952, and that death occurred at 10:30A.m., from the causes and on the date stated above.

SIGNATURE Klaus H Huebner (DEGREE OR TITLE) M.D. ADDRESS North East, Md DATE SIGNED 17 May '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-20-52
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) North East, Cecil Co (State) Md

DATE REC'D BY LOCAL REG. May 20
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 21 1923
BUREAU V. S.J.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 211 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Elkton

LENGTH OF STAY (In this place) 7 hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Gary	Donald	McKinney	5	4	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Jan 28 1951	1 yrs.	15 3	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Elkton	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Arthur R. McKinney	Helen O Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	Arthur R McKinney jr North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Edema	6 Hours
241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Bronchopneumonia	2 days
	DUE TO (c)	Bronchial asthma	6 mo.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Jan, 1951, to 4 May, 1952, that I last saw the deceased alive on 4 May, 1952, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Klaus H Hamburger M.D.		North East, Md	4 May 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-7-1952	North East Methodist	North East Cecil Co Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 7	L R Frazer	Joseph R. Grant	North East Md

VS. A15 8-51

RECEIVED
MAY 8 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

'02

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

1. PLACE OF DEATH: COUNTY Cecil, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 N. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 25 N. Main Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Hill (Last) Miller
4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: May 6-1871
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeping
10b. KIND OF BUSINESS OR INDUSTRY: Whitesmithing
11. BIRTHPLACE (State or foreign country): Christown Frederick Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Miller
14. MOTHER'S MAIDEN NAME: Caroline Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: His widow.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 1 yr plus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: General arteriosclerosis — Unknown

422.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1952, to May 2, 1952, that I last saw the deceased alive on May 1st, 1952, and that death occurred at 2.30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. F. McKnight M.D. ADDRESS 113 Bridge St. Elkton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE May 4
NAME OF CEMETERY OR CREMATORY Utica Cemetery
LOCATION (City, town, or county) Lewistown (State) Md

DATE REC'D BY LOCAL REG. May 3
REGISTRAR'S SIGNATURE J. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin Son ADDRESS Elkton

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05775

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. NAME OF DECEASED (Type or Print): RICHARD E. OAKES

2. DATE OF DEATH: May 15, 1952

3. PLACE OF DEATH:
A. ~~Baltimore City~~, Maryland Aril Co.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C & D Canal

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin Square
D. STREET ADDRESS (If rural, give location): 985 Park Lane - North Franklin Sq. New York

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 28, 1919
9. AGE (In years last birthday): 33 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Aboard Ship
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Norman Oakes
14. MOTHER'S MAIDEN NAME: Hattie Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT — ADDRESS: Thos. Quinn Funeral Home, New York, N. Y.

MEDICAL CATION

18. 939.8

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Presumably drowned

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Canal
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): C & D Canal

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 15, 1952 m.
21E. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Presumably drowned in collision followed by fire in Tanker Hayes

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William V. Lovett M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Sept. 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): removal
24B. DATE: 9/22/52
24C. NAME OF CEMETERY OR CREMATORY: Freshpond Crematory
24D. LOCATION (City, town, or county) (State): New York, New York

DATE RECEIVED BY LOCAL REGISTRAR: 9/22/52
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR — ADDRESS: Wm. Cook Inc., 1217 St. Paul Street

I RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UG INK. Every item of information should be carefully supplied. Th correct age is especially important. Ph please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 203

CERTIFICATE OF DEATH

Reg. Dist. No. 56

1. PLACE OF DEATH:

COUNTY CECIL MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ~~BALTIMORE~~

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE

STREET ADDRESS (If rural, give location) 3409 Greenway, DeSota Apt's.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) CLAYTON (Last) O'DELL

4. DATE OF DEATH: (Month) MAY (Day) 9 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: February 24, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ARMY OFFICER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ABNER O'DELL

14. MOTHER'S MAIDEN NAME: MARY SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I & PT

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH MYOCARDIAL FAILURE.

443X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 25 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 9, 1952, to May 9, 1952, ~~that I last saw the deceased alive on 19XXX~~, and that death occurred at 10:45 PM m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED 5-10-52

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL DATE THEREOF 5-12-52 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) (State) Ft. Myer, Va.

DATE REC'D BY LOCAL REG. May 12, 1952 REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR [signature] ADDRESS PENNINGTON & SON, HAVRE DE GRACE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 14 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '204

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point

LENGTH OF STAY (in this place): 2 mos. 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D.C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 2154 - 8th Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) - (Last) PINKNEY

4. DATE OF DEATH: (Month) (Day) (Year) May 21, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	negro	Separated	Sept. 20, 1895	56 yrs.	8	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cement Pavement Finisher	Public Works	St. Stephens, South Car.	USA

13. FATHER'S NAME: Andrew Pinkney

14. MOTHER'S MAIDEN NAME: Tenia Gabbe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW-I	577-14-6666	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of rectum	Unknown
154X Antecedent cause(s)	DUE TO (b)	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
3-24-52	Same as above	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
-- M.		--

22. I hereby certify that I attended the deceased from Mar. 10, 19 52, to May 21, 19 52, that ~~I saw the body after death~~ and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS DATE SIGNED

E. F. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. May 22, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5-22-52	Arlington National Cemetery,	Fort Myer, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 22 1952	Ida M. Daugherty act Reg.	Montgomery Bros L.B. Montgomery MONTGOMERY BROS. FUNERAL HOME 913 Florida Ave., N.W., Wash., D.C.

VS. A15 6-51

RECEIVED
MAY 28 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 205

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 3mo. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) 312 Lynwood

3. NAME OF DECEASED: (Type or Print) (First) NICHOLAS (Middle) L. (Last) POLLOK
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 4-10-1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cataloguer
10b. KIND OF BUSINESS OR INDUSTRY: Civil Service -Cameron Station, Alexandria, Va.
11. BIRTHPLACE (State or foreign country): Danville, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas L. Pollok - Deceased
14. MOTHER'S MAIDEN NAME: Rosa Branch - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of colon with generalized metastases and ascites — INTERVAL BETWEEN ONSET AND DEATH: Over 4 yrs.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-11-51
19b. MAJOR FINDINGS OF OPERATION: 11-7-51 - Exploratory laparotomy Biopsy of abdominal lesion & proctoscopy. & biopsy.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 2-15, 1952, to 5-20, 1952 and that death occurred at 7:50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 5-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 5-20-52
NAME OF CEMETERY OR CREMATORY Green Hill
LOCATION (City, town, or county) (State) Danville, Va.

DATE REC'D BY LOCAL REG. May 20 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAY 23 19
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 206

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (in this place) 3yrs5mos16days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ~~BALTIMORE~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1142 MYRTLE AVENUE

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) POPE

4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: JUNE 9, 1891

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 218-05-2020

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Bronchial Pneumonia, terminal	3 days
334 X Antecedent cause(s)	DUE TO (b)	Parkinsonian disease (with psychotic reaction)	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	General & Cerebral Arteriosclerosis	6 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA I attended the deceased from Dec. 15, 1948, to May 31, 1952, ~~that I last saw the deceased alive on XXXXXXXXXX, 19XXX~~ and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE E.P. [signature] (DEGREE OR TITLE) ADDRESS Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED 6-2-52

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL DATE THEREOF 6-2-52 NAME OF CEMETERY OR CREMATORY National Cemetery LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. June 3 1952 REGISTRAR'S SIGNATURE Ida M. Daughtry act Reg

24. FUNERAL DIRECTOR [signature] PENNINGTON & SON, HAVRE DE GRACE, MD. ADDRESS

VS. A12 (8-31)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Va. — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Arlington
STREET ADDRESS (If rural, give location): 200 N. Wayne

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) A. (Last) RENZ, JR.

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-17-1899
9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Govt. Clerk
10b. KIND OF BUSINESS OR INDUSTRY: G.S.A. Wash. D.C.
11. BIRTHPLACE (State or foreign country): Charlotte, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Augustus Renz
14. MOTHER'S MAIDEN NAME: Helen Blanche Grogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 578-03-9230
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Mediastinitis with gangrenous pleuritis, right	1 week
150X	DUE TO	due to	
Antecedent cause(s)	(b)	Carcinoma of the Esophagus	Unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-23-52
19b. MAJOR FINDINGS OF OPERATION: Partial esophagectomy with insertion of polyethylene tube
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 4-15, 1952, to 5-8, 1952, ~~[illegible]~~ and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (DEGREE OR TITLE) ADDRESS — DATE SIGNED
E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 5-8-52
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: May 9, 1952
REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Gracem Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 12 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Northeast
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quarryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) L. (Last) Rineer

4. DATE OF DEATH: (Month) MAY (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 21, 1890

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lancaster Co. Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerry H Boyd

14. MOTHER'S MAIDEN NAME: Mary Jane Groff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs Mary Sloger - Northeast, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of recto-sigmoid colon — Interval between onset and death: 1 year

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to 15 May, 1952, that I last saw the deceased alive on 10 May, 1952, and that death occurred at 1:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Klaus H Hueber M.D. — North East, Md — 15 May '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 17 1952 — NAME OF CEMETERY OR CREMATORY: Quarryville Cem — LOCATION (City, town, or county) (State): Quarryville, Lancaster Co. Pa.

DATE REC'D BY LOCAL REG. May 21-52 — REGISTRAR'S SIGNATURE: Sarah E Rothermel — 24. FUNERAL DIRECTOR — ADDRESS: C. E. Grason, Rising Sun Md.

VS. A15

RECEIVED
MAY 22 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo . Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LUCINDA (Middle) HEFFNER (Last) SCHOFF

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 30 1875

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Red Lion. Pa.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Heffner

14. MOTHER'S MAIDEN NAME: Catherine Runkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Rose Boyce, Peach Bottom. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatism	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cripple

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May -, 195 2, to May 13, 195 2, that I last saw the deceased alive on May 1, 195 2, and that death occurred at 5 4 m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M D ADDRESS: Darlington Md DATE SIGNED: 5/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 16. 1952 | NAME OF CEMETERY OR CREMATORY: Harmony Chapel | LOCATION (City, town, or county): Near Conowingo (State): Md.

DATE REC'D BY LOCAL REG.: May 14 - 52 | REGISTRAR'S SIGNATURE: Louise Worthington

24. FUNERAL DIRECTOR: J. E. Tyson | ADDRESS: Rising Sun. Md.

RECEIVED
MAY 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05210

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 393 W. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Delaware
COUNTY: New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: State Road
STREET ADDRESS (If rural give location): Rural - State Road

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) F. (Last) Hurst

4. DATE OF DEATH: (Month) 5 (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 7-8-95

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman - Delaware Light

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Elkton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zebulon Hurst

14. MOTHER'S MAIDEN NAME: Annie Fonerese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs. Annie Fonerese, 393 W. Main St., Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 2 days

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Pulmonary Tuberculosis — 2 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 22, 1952, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (Degree or title): M. D. ADDRESS: Elkton Md DATE SIGNED: 5/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-13-52

NAME OF CEMETERY OR CREMATORY: Graceland Memorial Park

LOCATION (City, town, or county) (State): Frankford, Del

DATE REC'D BY LOCAL REG.: May 10

REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: H.W. Pippin & Son

ADDRESS: Elkton, Md.

W. A. Tinsley

RECEIVED
W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Elkton

LENGTH OF STAY (in this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East

STREET ADDRESS (If rural, give location): RD 2

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
ANNA IRENE SMITH	MAY 5 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	MARRIED	DEC 24 1925	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
WAITRESS	Restaurant	Penna	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ANTON KRIZAN	Josephine Tomasec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	220-14-4382	George J. Smith Jr. North East Rd Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Post-operative surgical shock - cause undetermined	12 hours
6450 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Rt. tubal pregnancy	3 weeks
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Bilateral cystic ovaries; bilateral chronic adhesive pelvic inflammatory disease — 5 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
2 May '52	Bilateral cystic ovaries; rt. tubal pregnancy; bilateral chronic adhesive pelvic inflammatory disease	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 April, 1952, to 5 May, 1952, that I last saw the deceased alive on 5 May, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Klaus H Hueber	M.D.	North East Md	5 May '52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 8 1952	Methodist	North East Cecil Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 7	J R Frazier	Joseph R Grant	North East. Md

VS. A15 8-51

RECEIVED
MAY 8 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05212 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bainbridge

LENGTH OF STAY (in this place): 2 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE New York COUNTY Orange

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown

STREET ADDRESS (If rural, give location): Route 2 Belmont Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Guy A. Stimpson, Jr.	May 23 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	Single	12-4-32	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		New York	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Guy A. Stimpson, Sr.	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	----------	Information taken from Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HEMORRHAGE, RIGHT CEREBELLUM — 36 hrs.

331 X

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) HYPERTENSION

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ASPIRATION PNEUMONIA

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 5-21, 1952, to 5-23, 1952, that I last saw the deceased alive on 5-23, 1952, and that death occurred at 3:50 a.m., from the causes and on the date stated above.

SIGNATURE Arvold Narrow (DEGREE OR TITLE) Lt JG MC USNR ADDRESS USNH Bainbridge Md DATE SIGNED 5/24/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & Burial	5-23-52	Hillside Cemetery	Middletown, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-23-52	Dorothy B. Bramble	Lee A. Patterson & Son	

VS-15 8-51

COPY SENT TO LOCAL REGISTRAR No. C416 DATE 6-3-52

05213

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 5
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 5
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) HESTER ANN WARRINGTON
4. DATE OF DEATH: (Month) (Day) (Year) 5 - 20 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: July 6 1861
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Potts
14. MOTHER'S MAIDEN NAME: Mary Ann Boulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Arthur S. Warrington Elkton RD 5 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

422.1

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1952 to May 20, 1950, that I last saw the deceased alive on May 18, 1952, and that death occurred at 12:30 p m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Jr. (DEGREE OR TITLE) G.O. ADDRESS Elkton, Md DATE SIGNED 5/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-23-52
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) Elkton RD 5 (State) Md

DATE REC'D BY LOCAL REG. May 22
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

RECEIVED
MAY 28 1952
BUREAU V. S.

05214

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mor Elkton.
STREET ADDRESS (If rural give location) Elkton R.D.

3. NAME OF DECEASED (Type or Print) (First) Joseph. (Middle) (Last) Woodrow.
4. DATE OF DEATH (Month) May (Day) 2 (Year) 1952

5. SEX M.
6. COLOR OR RACE Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH Mar. 17, 1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.
10b. KIND OF BUSINESS OR INDUSTRY Pine Wks.
11. BIRTHPLACE (State or foreign country) Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Josiah Woodrow.
14. MOTHER'S MAIDEN NAME Elizabeth Jane Green.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Katie Marcus. Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	2 days
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Cecum	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1952, to May 2, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 5/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF May 5, 1952
NAME OF CEMETERY OR CREMATORY Cherry Hill.
LOCATION (City, town, or county) Cherry Hill (State) Md

DATE REC'D BY LOCAL REG. May 3
REGISTRAR'S SIGNATURE F K Frazer
24. FUNERAL DIRECTOR H W Pippen & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05215

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON; LENGTH OF STAY (In this place) 6 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 Bell's Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON.; STREET ADDRESS (If rural give location) 121 Bell's Lane

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Wright

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952

5. SEX: M. 6. COLOR OR RACE: C. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 10, 1878 9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand

11. BIRTHPLACE (State or foreign country): Chesterville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Wright

14. MOTHER'S MAIDEN NAME: Elizabeth Last name not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Welfare Board of Cecil Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Insufficiency — 1 year

421.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Interstitial nephritis — 1 year

(c) Hypertension — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22, 1952 to 5/22, 1952, that I last saw the deceased alive on 5/20, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. Johnson M.D. Elkton, Md. May 22, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 28/1952

NAME OF CEMETERY OR CREMATORY Elkton Colored Cemetery

LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REG. May 28

REGISTRAR'S SIGNATURE E. R. Frazer

24. FUNERAL DIRECTOR ADDRESS W. W. Pippin & Son Elkton Md

RECEIVED
MAY 29 1952
BUREAU V. S.